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## **40.000 CRS Services**

### **40.100 Preface**

The Arizona Children's Rehabilitative Services (CRS) Program provides for medical treatment, rehabilitation, and related support services to qualified individuals who have certain medical, handicapping, or potentially handicapping conditions as defined in R9-7-202.

CRS accepts eligible applicants who require treatment for medical conditions which are conducive to treatment in clinic-based multi-specialty/interdisciplinary settings or in designated centers of excellence where specialized treatment is necessary, functional improvement is potentially achievable, and long-term follow-up may be required for maximum achievable results. CRS conditions and excluded conditions are outlined in Chapter 30.000. CRS provides services to enrolled members who meet the qualifications of the program. Other requirements are outlined in Chapter 20.000 Enrollment Requirements.

CRS provides services through regional service contracts, where the approach to service delivery is family-centered, coordinated, culturally competent, and considers the unique medical holistic needs of eligible persons. The policies included in this chapter delineate the provisions for rendering CRS services.

### **40.200 Scope of Services**

The CRS Program provides covered medical, surgical or therapy modalities for enrolled members. The CRS Program provides specialty services for CRS eligible conditions. Other health insurance plans, third party payors, or the individual pay for routine, preventative, or acute medical care needs.

#### **40.201 CRS Contractors Providing Non-Covered Services**

Service restrictions, exclusions, or prior authorization requirements do not apply if a CRS Regional Contractor elects to provide non-covered services.

Costs associated with providing non-covered services shall not be included in costs used to develop contractor reimbursement rates.

A CRS Regional Contractor shall use other funds to cover any costs of providing non-covered services.

## **40.202 CRS Service Requirements**

CRS services must be medically necessary and:

1. Related to the CRS condition;
2. Provided in a multi-specialty, interdisciplinary setting where appropriate;
3. Provided to enrolled members; and
4. Rendered in accordance with rules, contractual requirements, and prior authorization requirements.

## **40.300 CRS Medical Services**

This section provides detailed information on the types of services provided by the CRS Program to treat CRS conditions. Also included are any restrictions and exclusions for the services. Certain services may be available only in limited types of service settings, or may be medically appropriate only for certain age groups, or for individuals with a particular clinical presentation. Services may require prior authorization from the CRS Regional Contractors, and may require additional documentation to justify the medical necessity of the service for treating the CRS condition. Unless otherwise specified, coverage limits for services are per event

## **40.301 Audiology Services**

1. Covered Services:

CRS provides covered audiology services to CRS members who are hearing impaired, or whose CRS condition poses a risk for hearing impairment. Audiology services include:

- A. Audiologic Assessments
  - 1) Audiologic assessments shall be consistent with accepted standards of audiologic practice.
  - 2) CRS may provide Brainstem Audiology Evoked Response (BAER) evaluations at the request of the CRS physician.
- B. Hearing Aid Fittings and Evaluations
  - 1) Hearing aids are provided for CRS members. The member may have the hearing aid reevaluated annually at the CRS clinic.
  - 2) A hearing aid may be replaced once every three years, unless the member experiences a change in hearing levels or is determined by a CRS contracted audiologist to require a hearing aid replacement.
  - 3) Replacement of lost hearing aids is limited to one replacement per 12-month period.
  - 4) Implantable bone conduction devices are covered for members with prior authorization from the Regional

- Medical Director or designee.
- 5) Tactile hearing aids are covered for CRS members with prior authorization from the CRS Regional Medical Director or designee. Each application for CRS coverage of a tactile hearing aid shall be submitted by the CRS contracted audiologist.
2. Exclusions and limitations:
    - A. Cochlear implants are excluded. Children's Rehabilitative Services does not pay for:
      - 1) Cochlear implants;
      - 2) Testing which is specific to preparation for cochlear implants; or
      - 3) Post operative interventions which are specific only to cochlear implants.
    - B. Accessory items are excluded. Only items necessary for proper functioning and maintenance of the hearing aid are included.

#### **40.302 Dental and Orthodontia Services**

1. Covered Services
  - A. Dental Services

CRS provides a full range of dental services only to enrolled members who have one of the following diagnosed conditions or circumstances:

    - 1) Cleft lip and/or Cleft palate;
    - 2) A cerebral spinal fluid diversion shunt where the member is at risk for subacute bacterial endocarditis;
    - 3) A cardiac condition where the member is at risk for subacute bacterial endocarditis;
    - 4) Dental complications arising as a result of treatment for a CRS condition; or
    - 5) Documented significant functional malocclusion, where malocclusion is defined as functionally impairing in a member with a craniofacial anomaly (e.g. hemifacial microsomia, Treacher Collins Syndrome) or when one of the following criteria is present:

Masticatory and swallowing abnormalities affect the nutritional status of the individual resulting in growth abnormalities;

      - a) The malocclusion induces clinically significant respiratory problems, such as dynamic or static airway obstruction; or
      - b) Serious verbal communication disturbance as determined by a CRS contracted speech therapist. Report must indicate the malocclusion as the

primary etiology for the speech impairment and that speech cannot be further improved by the speech therapy alone.

- 6) Orthodontia Services
  - 7) Orthodontia services are covered for a member with a diagnosis of cleft palate, or documented significant functional malocclusion.
2. Exclusions and Limitations
- A. Dental and orthodontia services may be provided in CRS clinics. When services are limited, or in communities where there is no CRS clinic, the dental and orthodontia services may be provided at the CRS practitioner's private office.
  - B. All dental and orthodontic treatment plans require written prior authorization from the CRS Regional Contractor, if the services are provided outside the CRS clinic.

#### **40.303 Diagnostic Testing and Laboratory Services**

1. Covered Services
- CRS Regional Contractors shall provide member access to the following laboratory and diagnostic testing services:
- A. A full service laboratory including blood bank, pulmonary function, micro processing, testing with STAT capability, including phlebotomy and blood specimen preparation services, as well as equipment for performing CBCs and urinalysis.
  - B. A full service general radiographic unit, in or adjacent to the outpatient clinic.
  - C. Special diagnostic testing services including: visual evoked response, CT scan, ultrasound, brainstem auditory evoked response (BAER), magnetic resonance imaging (MRI), electroencephalogram (EEG), electrocardiogram (EKG) and echocardiogram.
2. Exclusions and Limitations
- A. Diagnostic Testing  
Diagnostic testing is a covered service when specifically used to test for additional CRS conditions or to make treatment-planning decisions.
  - B. Laboratory Services  
Follow-up laboratory evaluations where discovered laboratory abnormalities are unrelated to the CRS condition are excluded. The individual must be referred to his or her primary care physician for follow-up care.  
For example, an applicant is found to have sickle cell anemia, a CRS condition, but is also HIV positive. Follow-up care for the HIV status must be referred to the individual's primary care

physician.

#### 40.304 Durable Medical Equipment

1. Covered Services
  - A. Medically necessary durable medical equipment is provided to the member for the purpose of rehabilitative care that is directly related to treatment for a CRS condition.
  - B. Equipment repairs are covered when medically necessary.
  - C. CRS covers equipment modifications that are medically necessary.
  - D. Oxygen therapy for up to 30 calendar days shall be covered when ordered by a CRS physician for the treatment of a CRS condition.
2. Exclusions and Limitations
  - A. Members are eligible for equipment only when they are being followed in a medical or surgical CRS clinic. All equipment shall be directly related to the care of the CRS condition.
  - B. Equipment is covered only when an authorized CRS provider orders it.
  - C. Coverage is excluded for equipment used only for school purposes.
  - D. Oxygen and related supplies are limited to 30 calendar days of coverage. Requests for extension may be submitted to the CRS Regional Contractor's Medical Director or designee.
  - E. Coverage is excluded for the following items:
    - 1) Cranial modeling bands, except for members who are 24 months of age or younger who have undergone CRS approved cranial modeling surgery and demonstrate postoperative progressive loss of surgically achieved correction, and that without intervention would most likely require additional remodeling surgery;
    - 2) Mobilizer walker;
    - 3) Motorized caster carts;
    - 4) Motorized vehicles;
    - 5) Motorized wheelchairs;
    - 6) Stenders;
    - 7) Strollers, except when used as modified seating for positioning; and
    - 8) Toileting aids.
3. Equipment Maintenance

CRS does pay for equipment modifications necessary due to the member's growth, or due to changes in the member's orthopedic or health needs. The CRS physician, the physical therapist, or occupational therapist shall recommend equipment modifications.

CRS does not pay for repairs needed because of improper use or neglect.
4. Equipment replacement

A replacement for lost or stolen equipment shall be requested in writing to

the CRS Regional Medical Director or his/her designee. If the equipment was stolen, a copy of the police report, verifying the incident, must be submitted to the appropriate CRS clinic.

5. Wheelchairs and Ambulation Devices

A. Covered Services

- 1) CRS will provide and modify wheelchairs for CRS members, as well as provide ambulation assistive devices (crutches, canes, walkers).
- 2) CRS covers medically necessary equipment modifications due to member's growth, or changes in the member's orthopedic or health needs.
- 3) Wheelchairs and ambulation devices are covered when:
  - a) There is a change in the member's medical condition,
  - b) The equipment is no longer safe to operate, or
  - c) The child has outgrown the equipment.
- 4) Custom fit standers and parapodiums with click-clacks are covered for braced-walking potential for spinal cord defect patients.
- 5) Trays for wheelchairs will be provided when documentation indicates that the need is directly related to improvement in functional skill level.

B. Exclusions and Limitations

- 1) CRS does not provide any power wheelchair or adaptive power switches for wheelchairs.
- 2) CRS will not supply a member with a second non-power wheelchair or ambulation device if the member already has a wheelchair or ambulation device that is in good working order.
- 3) Replacement of wheelchairs and ambulation devices is not a covered service when the equipment is functional and can be repaired, such that the equipment is safe to operate.
- 4) CRS does not pay for physical or structural modifications to a home.
- 5) The CRS member's family or guardian shall be responsible for the care of and transportation of equipment.
- 6) The CRS member and/or their family shall demonstrate that they can safely use all equipment provided to the member. Practical and functional use of equipment shall be documented in the member's CRS medical record.
- 7) Wheelchairs and ambulation devices used solely for school purposes are excluded.
- 8) CRS may repair or provide maintenance of equipment that, although not provided to the member by CRS, has been



- determined by a CRS provider to be safe and appropriate.
- 9) Wheelchair and ambulation device needs shall be met through recycled items (i.e., wheelchairs), if the item meets needed specifications.
  - 10) Short-term rental wheelchairs and ambulation devices are limited to 30 calendar days. The CRS Regional Medical Director or designee may approve requests for extension.

#### **40.305 Home Health Care Services**

Home health care services include professional nurse visits, therapies, social work services, equipment, and medications.

1. Post-hospitalization

Home health care services are limited to the post-hospitalization rehabilitative or recovery period, or are provided in lieu of hospitalization, not to exceed 30 calendar days per event. Services must be ordered by the CRS Provider.

Home health care services may be extended if it is determined to be medically necessary, upon the approval of the CRS Regional Medical Director or designee.

B. Home health care services provided in a member's place of residence includes:

- 1) Assessment of home health needs;
- 2) IV therapies;
- 3) Wound evaluation;
- 4) Administration of medications;
- 5) Monitoring vital signs;
- 6) Monitoring oxygen administration;
- 7) Monitoring and assessing patient physical signs;
- 8) Teaching and evaluating of therapies;
- 9) Enterstomal therapy and teaching;
- 10) Catheter insertion, care, and teaching; and
- 11) Instruction regarding home health care to member or member's caregivers.

2. Exclusions and limitations

Home health care services are limited to the post-hospitalization rehabilitative or recovery period, or are provided in lieu of hospitalization, not to exceed 30 calendar days per event.

Requests for extension must be submitted to the CRS Regional Medical Director or designee.

Home health care services must be ordered by the physician who is supervising the CRS care for the member.

#### **40.306 Inpatient Services**

CRS covers inpatient acute care hospitalization only for a CRS member at the CRS contracted provider sites. The hospitalization is covered for a member when the hospitalization is specifically for the treatment of a CRS condition.

1. Requirements for Admission and CRS Reimbursement for an Inpatient Acute Care Stay
  - A. Only CRS physicians can admit and treat CRS members for CRS conditions. Physicians must have a contract with a CRS Regional Contractor, or be appropriately credentialed with a CRS Regional Contractor to admit and treat CRS members.
  - B. The admitting physician shall obtain prior authorization from the CRS Regional Contractor for all non-emergency hospital CRS related admissions.
  - C. Prior authorization is not required for an emergency admission that is related to a CRS condition.
  - D. The primary reason for hospitalization shall be related to the CRS condition.
  - E. CRS does not provide hospitalization for the sole purpose of maintaining the member, i.e., long-term ventilatory support, nutritional support.
  - F. See Chapter 80.000 for Discharge Planning and Transfers.
2. Rule Out Ventricular Infection or Rule Out Ventricular Shunt Failure  
CRS will pay for the initial diagnostic evaluation by a CRS provider to rule out a ventricular infection or ventricular shunt failure at a CRS contractor hospital. The period of time covered for the rule out is from the time of admission until the results of the CT scan, MRI, CFS culture, or measurements of ICP are available to the physician. If the member does not have a shunt infection or failure as described above, he or she must be decertified from CRS payor liability from the point of the neurosurgeon's diagnosis forward. The responsibility for hospitalization for the acute illness is transferred to the appropriate payor. CRS Regional Contractor's utilization review staff coordinate the transition of care with other payors and related agencies.

#### **40.307 Growth Hormone Therapy**

CRS covers growth hormone therapy for members with panhypopituitarism.  
See Section 30.302

#### **40.308 Nursing Services**

Nursing services include:

1. Direct nursing care to members during specialty clinics, and supervision of subordinate nursing staff during specialty clinics;
2. Documented nursing care assessments, interventions, implementation, and

- revisions of care following evaluation;
- 3. Education of members, families, caregivers, and other staff in treatment and testing procedures, health promotion, self-care skills and anticipatory guidance; and
- 4. Discharge planning and care coordination services.

#### 40.309 Nutrition Services

- 1. Covered Services  
Nutrition services include screening, assessment, intervention, and monitoring. CRS Regional Contractors shall cover nutrition services for CRS members with special nutritional needs, when the nutritional need is related to a CRS condition.
- 2. Exclusions and Limitations
  - A. A registered dietitian must provide nutrition services.
  - B. CRS does not cover total parenteral nutrition (TPN) for long-term nutrition. Total parenteral nutrition (TPN) services may be provided for a member in lieu of hospitalization for preparation of an authorized CRS surgery, for a period not to exceed 30 calendar days.
  - C. CRS covers nutritional supplements upon referral from CRS physicians with consultation by a registered dietitian, in accordance with the following guidelines:
    - 1) Metabolic Disorders  
Formulas for metabolic disorders such as PKU, MSUD, HCU, and isovaleric acidemia that are treated by a special diet are covered based on the CRS Regional Contractor's formulary or CRS Regional Medical Director approval, and in accordance with the following guidelines:
      - a) PRODUCTS: Specified formulas for treatment of metabolic disorders such as Lofenalac, Phenyl-Free, Analog X, Maxamaid X, MSUD Diet Powder, and formula component products such as Mead Johnson Product 80056.
      - b) QUANTITY: As needed, based upon demands for growth and maintenance, to be determined by the registered dietitian.
      - c) DURATION: As long as treatment through dietary modification continues, up to 21 years of age.
      - d) NOT COVERED: Lactose-free formulas for galactosemia; infant formulas or milk products used in conjunction with modified amino acid formulas; low protein food products such as pasta, breads, and cookies for amino acid disorders.
    - 2) Tube Feedings

Tube feedings and medically necessary tube feeding equipment are available for CRS members when the need is related to a CRS condition.

- a) **PRODUCTS:** Commercially available tube feeding formulas such as Compleat, Isocal, Osmolite, and formula component products such as Polycose.
  - b) **QUANTITY:** As needed, based upon demands for growth and maintenance, to be determined by the physician or registered dietitian.
  - c) **DURATION:** Limited to 30 calendar days of coverage. The CRS Regional Medical Director or designee must approve extension for cover-age.
  - d) **EQUIPMENT:** Tube feeding equipment, such as feeding pumps, will be provided by CRS when deemed medically necessary to provide adequate nutrition.
  - e) **NOT COVERED:** Foods and beverages recommended for blenderized recipes.
- 3) **Cystic Fibrosis**  
Nutrition services are available for CRS members with cystic fibrosis when appropriate growth and maintenance requires a supplemental product, and no other resources or community nutrition support programs are available.
- a) **PRODUCTS:** Commercially available nutrition supplements for additional calories and other nutrients. Examples include Ensure, Enrich, Sustacal, and formula component products such as MCT oil. (Consult manufacturers' product hand-books for nutritional content.)
  - b) **QUANTITY:** Limited to approximately 50 percent of daily caloric needs for infants, individuals, and adults as a supplement to a regular diet unless the cystic fibrosis individual is also being tube fed (see 2 above).
  - c) **DURATION:** Limited to 30 calendar days of coverage. The CRS Regional Medical Director or designee must approve extension for cover-age.
  - d) **NOT COVERED:** Foods and beverages that constitute the member's regular diet.

## **40.310 Outpatient Services**

### **Covered Services**

Covered outpatient services include:

- A. Ambulatory surgery;

- B. Outpatient diagnostic services;
- C. Ancillary services;
- D. Emergency room services; and
- E. Clinic Services.
  - 1) Multi-specialty, interdisciplinary Clinics  
CRS members may require multi-specialty, interdisciplinary teams of care. The CRS Program and CRS Regional Contractors develop and provide the availability of these teams throughout the state to the greatest extent possible, within the limits of appropriated funds. Members cannot enter the program directly into a specialty clinic without an assessment and evaluation from the CRS Regional Medical Director or designee who is authorized to determine medical eligibility. The CRS Regional Medical Director shall authorize all specialty clinics. CRS specialty clinics may include but are not limited to:
    - a) Amputee,
    - b) Arthritis/rheumatology,
    - c) Cardiac,
    - d) Cystic fibrosis,
    - e) ENT,
    - f) Endocrine,
    - g) Eye,
    - h) Genetics,
    - i) Hand,
    - j) Myelomeningocele,
    - k) Neurofibromatosis,
    - l) Neurology,
    - m) Neurosurgery,
    - n) Nutrition,
    - o) Orthodontia,
    - p) Orthopedics
    - q) Cerebral palsy,
    - r) Plastic surgery,
    - s) Pulmonary,
    - t) Rhizotomy,
    - u) Scoliosis,
    - v) Sickle cell anemia,
    - w) Urology,
    - x) General surgery,
    - y) Feeding,
    - z) Wheelchair, and
    - aa) Metabolic.

- 2) Community-Based Outreach Clinics
  - a) CRSA develops outreach clinics where the demand exists and resources are available. Community-based outreach clinics are specialty clinics that are held periodically in locations other than the CRS Regional Contractors' normal clinic locations, such as in outlying towns and communities in Arizona, or on Indian Reservations.
  - b) Outreach clinics may include:
    - i. Cardiac,
    - ii. Orthopedic,
    - iii. Genetic,
    - iv. Neurology,
    - v. Plastic Surgery, and
    - vi. Ear, Nose and Throat (ENT).
2. Limitations

The member's primary health care system must be used for routine and acute medical care that is not related to the CRS condition, such as periodic visits for scheduled immunizations and periodic physical examinations and check-ups.

#### **40.311      Pharmaceuticals**

1. Covered Services:

Pharmaceuticals are covered when appropriate to the treatment of the CRS condition, when ordered by the CRS physician, and when provided through a contracted pharmacy.

Covered services also include special formulation nutrition needs for metabolic patients. See Section 40.309, Nutrition Services.
2. Exclusions and Limitations
  - A. Pharmaceuticals or supplies that would normally be ordered by the primary care physician for the overall health maintenance of the individual are not covered (i.e., multiple vitamins).
  - B. Cerezyme for the treatment of Gaucher's Disease covered by catastrophic reinsurance under AHCCCS for Title XIX and Title XXI members is not covered by CRS.
3. CRS Regional Contractors are required to provide a pharmacy location, either in the CRS Regional Contractor's clinic area or as approved by CRS.
4. CRSA shall maintain a statewide formulary that may be changed through change submissions to the CRSA Medical Director.

5. Exceptions to the formulary may be made under special circumstances when approved by a Contractor's Medical Director following the contractor's policy and procedure.

#### **40.312 Physical and Occupational Therapy Services**

Physical and occupational therapy services must be related to the member's CRS condition.

1. Covered services:
  - A. Before a scheduled surgery;
  - B. After a surgery;
  - C. After removal of a cast;
  - D. If a medication is used to treat a CRS member's neurological or orthopedic function;
  - E. After the member receives an orthotic or prosthetic device;
  - F. After a hospitalization; and
  - G. If the member:
    - 1) Is unable to obtain physical therapy or occupational therapy through a source other than CRS, and
    - 2) Has a strong potential for rehabilitation as determined by a CRS provider.
2. Limitations  
CRS shall provide no more than 24 sessions of physical therapy or 24 sessions of occupational therapy for each occurrence described in covered services.

#### **40.313 Physician Services**

Physician services shall be furnished by a licensed physician and shall be covered for members when rendered within the physician's scope of practice under A.R.S Title 32. A physician shall be a member of a CRS contracted facility's professional staff and shall be appropriately credentialed.

CRS Regional Contractors are responsible for contracting with physician specialists with expertise in pediatrics to provide CRS services.

Medically necessary physician services may be provided in an inpatient or outpatient setting, and shall include:

1. Medical evaluations, consultation, and diagnostic workups;
2. Medically necessary treatment for the CRS condition;
3. Prescriptions for medications, supplies and equipment;
4. Referrals to other specialists or health care professionals when necessary; and
5. Patient education.

#### **40.314 Prosthetic and Orthotic Devices**

1. Covered Services
  - A. Prosthetic and orthotic devices are provided to a member for treatment of a CRS condition.
  - B. CRS covers prosthetic and orthotic modifications or repairs which are medically necessary because of the individual's growth, or due to changes in the individual's orthopedic or health needs, or when equipment is no longer safe.
  - C. CRS covers ocular prostheses and replacements when related to a CRS condition. CRS also provides and replaces ocular prostheses for CRS members when medically necessary.
  - D. A replacement for lost or stolen prosthetic and orthotic devices shall be requested in writing to the CRS Regional Medical Director or designee. If the device was stolen, a copy of the police report, verifying the incident, must be submitted to the appropriate CRS clinic.
2. Exclusions and Limitations
  - A. Myoelectric protheses are excluded.
  - B. Shoes are excluded.

#### **40.315 Psychology and Psychiatry Services**

1. Psychology Services
  - A. Covered Services
    - 1) Covered psychology services include short-term crisis intervention, assessment, evaluation, and referral to other services.
    - 2) A state licensed psychologist must provide psychology services.
  - B. Exclusions-and Limitations
    - 1) Psychology services for CRS members and their families require a referral from the CRS physician or professional staff.
    - 2) Psychology services are limited to three (3) visits per calendar year, and must be related to the member's CRS condition. Additional psychology visits may be covered when approved by the CRS Regional Medical Director or designee. CRS does not provide ongoing psychological counseling or services.
2. Psychiatry Services
  - A. Covered Services

CRS provides psychiatry services to CRS members upon evaluation and referral by a CRS psychologist.
  - B. Exclusions and Limitations



- 1) Psychiatry services are limited to one (1) visit per calendar year, and must be related to the member's CRS condition.
- 2) Additional visits may be covered when approved by the CRS Regional Medical Director or designee.

#### **40.316 Second Opinions and Diagnostic Referrals**

1. Covered Services  
CRS covers second opinions by other CRS contracted physicians.
2. Exclusions and Limitations
  - A. Only one-second opinion is allowed out of the home site region per episode or specialty.
  - B. Second opinion visits will be provided at the first available appointment.
  - C. Office visits for second opinions may be arranged on an urgent basis at the discretion of the home site contractor.
3. Responsibilities
  - A. The home site (referring) CRS Regional Contractor shall generate the referral.
  - B. The home site CRS Regional Contractor shall send a second opinion referral request and appropriate medical records to the referral site.
  - C. The home site CRS Regional Contractor shall verify the member's enrollment in CRS prior to completing the Transfer Request form.
  - D. The referral site shall send a copy of the visit report to the home site.
  - E. Each CRS Regional Contractor shall be responsible for developing its own internal procedures for processing second opinion requests.
  - F. There will be no charge to the home site CRS Regional Contractor by the referral site CRS Regional Contractor for clinic-based services.
  - G. Diagnostic services provided outside the home site's region (when such services are available within the region) and visits to out-of-region physicians' offices are the fiscal responsibility of the home site CRS Regional Contractor and must be preauthorized by the home site.
  - H. Diagnostic services, which are not available within the home site's region, will be the financial responsibility of the receiving site.

#### **40.317 Speech Therapy Services**

Speech therapy services must be related to the member's CRS condition.

1. Covered services:
  - A. Before a scheduled surgery;
  - B. After a surgery;

- C. If a medication is used to treat a CRS member's neurological function;
  - D. After a hospitalization; and
  - E. If the member is not able to obtain speech/language pathology services through a source other than CRS.
2. Limitations  
CRS shall provide no more than 24 sessions of speech/language pathology services for each occurrence described in covered services.

#### **40.318 Transplants**

- 1. Covered services  
CRS covers transplant services for corneal transplants and incidental bone grafting transplants.
- 2. Exclusions and Limitations  
Organ and bone marrow transplants are excluded.

#### **40.319 Vision Services**

- 1. Covered Services  
Vision services include examinations, eyeglasses, and contact lenses for the treatment of a CRS condition.
- 2. Exclusions and Limitations  
Replacements for broken or lost glasses or contact lenses are limited to one replacement per prescription per calendar year.  
Lens enhancements such as UV tinting and safety glass shall be provided as medically necessary and ordered by a CRS physician.

#### **40.400 CRS Service Settings**

CRS Regional Contractors or authorized subcontractors provide CRS services in both inpatient and outpatient settings, such as contracted hospitals, CRS Regional Clinics, and community based outreach clinics.

#### **40.500 Family Support Services**

##### **40.501 Advocacy services**

- 1. CRS provides advocacy services for CRS applicants, members, and families. Advocates assist applicants, members, and families to understand and access medical organizational systems community and public resources, and assists in the resolution or prevention of problems regarding CRS services. An advocate may act as a liaison between clinic staff, educators, physicians, therapists, nurses, nutritionists, other professionals, family members, and the child to prevent or resolve problems. Advocacy services include:

- A. Assisting members and their families in interpreting and understanding information so that members and their families can make informed decisions about the member's care;
  - B. Educational resources and support for the member and family;
  - C. Education of families about advocacy so that they will be empowered to act as their own advocate;
  - D. Education of health care professionals in principles of family-centered care;
  - E. Education of families regarding member rights and responsibilities related to the CRS program;
  - F. Orientation of new members and their families; and
  - G. Liaison between CRS clinic physicians, families, inpatient and outpatient staff, administrators, educators, and other professionals to prevent or resolve problems.
2. CRS Regional Contractors may provide a patient advocate in the CRS Regional Clinic to act as a liaison for families and CRS staff to resolve or prevent problems.

#### **40.502 Care Coordination Services**

1. Care coordination services include:
  - A. Coordination of CRS health care through multi-specialty, interdisciplinary approach to care;
  - B. Collaboration with external providers, including community agencies, service systems, other payor sources, members, and their families, i.e., referrals and program information (see Chapter 80.000 for details).

#### **40.503 Child Life Services**

CRS provides child life services. Child life services include organization of individual, family, or group activities designed to reduce the member's and family's fear of the nature of the illness, medical care, and procedures. CRS Regional Contractors may provide structured child life activities for hospitalized CRS members, either in a playroom or at the bedside and in the outpatient clinic waiting room and/or play areas for individuals and siblings.

1. Child Life activities may include:
  - A. Group activities of expressive play;
  - B. Pre-operative teaching and medical play designed to decrease fears while increasing understanding and confidence;
  - C. Explanations comprehensible to the child of sequence, nature, and reasons for procedures and routines; and
  - D. Support and coping strategies for the child during painful procedures.

#### **40.504 Education Services**

1. CRS provides education services including:
  - A. Education of and assistance to members and their families with barriers created by the CRS condition. Provide information about care, services, support systems, and advocacy.
  - B. Education of members and their families about the history and prognosis of the CRS condition, treatment options even if the medical services are not covered by CRS, treatment planning, health risks, growth and development, transition planning, and offering of genetic counseling, when appropriate, regarding the condition.
  - C. Coordination with the schools, physicians, parents, and clinic staff regarding accommodation of a member's special educational needs.
  - D. Coordination with the educational system regarding the educational needs of CRS members for the purpose of establishing educational needs and goals for an inpatient stay and homebound program.
  - E. Public education of community groups and organizations, public health personnel, school personnel, health care providers, insurers, regional and national health organizations, and welfare services about the CRS program and its services.
  - F. Encouragement of teaching and research initiatives.
  - G. Education to physicians, health care professionals, and other individuals regarding the unique needs and concerns related to the care and treatment of children with special health care needs.

#### **40.505 Family Centered Care**

1. CRS provides family-centered care in all aspects of its service delivery system. The responsibilities of the Regional Contractors in support of family-centered care include:
  - A. Recognizing the family as the primary source of support for the members' health care decision-making process. Service systems and personnel are available to support the family's role.
  - B. Facilitating collaboration among families, health care providers, and policymakers at all levels for the:
    - 1) Care of the member;
    - 2) Development, implementation, and evaluation of programs; and
    - 3) Policy development.
  - C. Promoting complete exchange of unbiased information between families and health care professionals in a supportive manner at all times.

- D. Incorporating recognition of cultural diversity and individuality within and across all families, considering racial, ethnic, geographic, social, spiritual, and economic diversity.
- E. Implementing practices and policies that support the needs of families, including medical, developmental, educational, emotional, environmental, and financial needs.
- F. Administering a Cultural Competence self-assessment to all staff annually and provide results to CRSA.
- G. Participating in CRSA Cultural Competency training modules.
- H. Facilitating family-to-family support and networking.
- I. Promoting available, accessible, and comprehensive community, home, and hospital support systems to meet diverse, unique needs of the family.
- J. Appreciating and recognizing the unique nature of each family.

#### **40.506 Individual and Family Rights and Responsibilities**

- 1. Access to Care
  - A. The member and family can expect impartial access to information, treatment, and accommodations that are available or medically indicated, regardless of race, color, creed, ethnicity, sex, age, religion, national origin, ancestry, marital status, sexual preference, genetic information, physical or mental handicap, diagnosis, prognosis, or sources of payment for care.
  - B. The member and family can expect services that are provided in a culturally competent manner, with consideration for members with limited English proficiency or reading skills, and those with diverse cultural and ethnic backgrounds, visual and/or auditory limitations.
  - C. The member and family can request to be seen in a CRS Clinic or by another physician.
  - D. The member and family can request a second opinion.
  - E. Members and families can be informed of medical alternatives and other types of care and how to access that care.
  - F. Members and families can expect to be informed in writing of changes to services.
  - G. Members and families can ask and be informed about how CRS pays providers and CRS bills.
  - H. Members and families can request results of the CRS member Satisfaction Survey.
- 2. Respect, Dignity, and Emotional Support
  - A. The member and family have the right to receive considerate, respectful care with recognition of personal dignity and impartial access to emotional and spiritual support at all times and under all circumstances regardless of race, ethnicity, sex, national origin,

- diagnosis, prognosis, or sources of payment for care.
3. Privacy and Confidentiality
    - A. The member and family have a right to expect every consideration of adequate personal and informational privacy.
    - B. CRS Regional Contractors must implement procedures to ensure the confidentiality of health and medical records and of other member information. Procedures need to:
      - 1) Be in compliance with all federal, state, and local requirements; and
      - 2) Include process for monitoring and ensuring compliance.
  4. Identity
    - A. Members have the right to know the identity of physicians, nurses, and others involved in their care. This includes students, residents, or other trainees providing care to CRS members.
  5. Communication
    - A. The member and family have a right to obtain from health care providers complete and current information about diagnosis, treatment, and expectations for outcome.
    - B. The member and family have a right to formulate advance directives. Advance directives must be:
      - 1) In compliance with federal and state statutes; and
      - 2) Be documented in writing.
    - C. Individuals, parents, and legal guardians shall have the right to access their own medical record in accordance with the record release policy specified in Section 70.000.
    - D. CRS Regional Contractors shall make every effort to ensure that all information prepared for distribution to members is written at a 4th grade level. Regardless of the format chosen, the CRS recipient information must be printed in a type, style and size that can be easily read by recipients with varying degrees of visual impairment. Members must be notified that alternative formats are available and how to access them.
    - E. Receive translation/signer services free of charge and know about providers who speak languages other than English and how to get a free directory of CRS providers.
    - F. All informational materials shall be reviewed for accuracy and approved by CRSA prior to distribution to recipients.
  6. Growth and Development
    - A. The member has the right to developmentally appropriate care with respect to the manner in which personnel speak and interact with them, choices of activities, and inclusion in decisions made about their care.
  7. Grievance and Appeal Procedure
    - A. The member and family have the right to voice dissatisfaction they

have with the treatment or care the member receives and be free from any form of punishment restraint or seclusion for decisions and filing a complaint.

- B. Applicants, members, ex-members, parents, and legal representatives will be provided with information regarding how to voice complaints, file grievances or appeals and request administrative hearings.
- C. Applicants, members, ex-members, parents, and legal representatives will be provided with information regarding expedited reviews.
- D. Members, parents, and legal representatives will be provided with information regarding continuation of reduced or denied services within 30 days of enrollment or changes to the information. (See Chapter 60.000 for Grievance/Appeal process).

#### **40.507 Medical Home**

CRS supports the concepts of medical home as defined by the American Academy of Pediatrics. Medical Home concepts ensure that each member has a Primary Care Provider (PCP) and that the member's PCP is part of the interdisciplinary approach to care and the decision-making process.

#### **40.508 Parent Action Council – Regional**

Each regional CRS clinic shall have a Parent Action Council (PAC). The PAC is a parent-driven group, and participation is determined by parent's level of interest in organizing meetings/activities. Each CRS Regional Clinic will actively participate and support PAC activities.

1. Functions:

Each PAC shall:

- A. Function as an active body to CRSA, CRS Regional Contractors, professionals, and physicians involved in the program. The PAC shall participate in the development of policy and procedures that influence the delivery of services to children and families that use the CRS program.
- B. Develop an annual budget and budget committee to achieve its purposes, as determined by the membership, with monies allocated from CRSA and monies collected by other means.
- C. Select two parent representatives to the State Parent Action Council (SPAC).
- D. Meet for a stated activity/meeting at least quarterly or more often as determined by the members of the PAC.
- E. Provide PAC parent representation in CRS administrative meetings, activities, and projects that influence the service delivery to children with special health care needs and their families.

- F. Ensure CRS Regional Contractor administrator or designee attendance at their regional PAC meetings.
  - G. Provide interpretation services at the meetings. Provide translated written materials as needed by members of the PAC.
  - H. Schedule meetings/activities and provide timely notification to potential attendees.
2. Membership:
- A. The PAC shall consist of individuals, defined as family members, foster parents, or legal guardians of a child who is, or has been a CRS patient, or adults who are or were patients, professionals, advocacy groups, the CRS Regional Contractor, and CRSA staff.
  - B. The majority of voting members of each PAC membership shall consist of individuals defined as family members, foster parents, or legal guardians of a child who is, or has been a CRS patient, or adults who are or were patients.
  - C. A Budget Committee shall consist of equitable representation from PAC parents and CRS Regional Contractor clinic representatives. The Budget Committee shall adhere to the expenditure guidelines of the Parent Involvement Fund Policy.

#### **40.509 Parent Involvement PAC/Social Service Fund Policy**

The CRS Parent Involvement Policy encompasses two funds, the PAC and Social Service. The Parent Involvement-Parent Action Council (PAC) Fund supports and promotes parent involvement within the CRS Program. The Social Service Fund provides assistance with various needs of families related to assistance with transportation and motel expense in order to attend clinic appointments and emergency expenses such as utility assistance, rent, clothing, etc.

The funds will be allocated annually at the beginning of the fiscal year. To receive reimbursement, expenditures made by CRS Regional Contractors must be documented and invoices submitted to CRSA monthly or quarterly.

- 1. Parent Involvement/PAC Fund expenditure guidelines are as follows:
  - A. Reimbursement to parents for participation in CRS Clinic meetings, activities and projects that influence service delivery to members and their families.
  - B. Reimbursement to parents for participation in PAC activities such as:
    - 1) Newsletter production,
    - 2) Promotion of PAC,
    - 3) Community liaison activities, and
    - 4) PAC/Regional Contractor committees, projects and activities.
  - C. Reimbursement for PAC operating expenses, approved by the PAC representation, such as:
    - 1) Mail-outs of PAC meeting notices, minutes or newsletters;



- 2) Costs of office supplies/services supporting PAC activities, paper envelopes, printing, duplicating costs, computer programs and other technological supplies;
  - 3) Costs related to flyers, meeting notices, newsletter production; and
  - 4) Not more than 20% of the PAC funds may be used for operating expenses. (If parent involvement is reimbursable though the regional contractor or other sources more than 20% of these funds may be used for operating expenses/supplies.)
- D. Per State policy, no food or beverage reimbursement is allowed.
- E. A PAC budget committee established at each CRS Regional Contractor facility must approve PAC expenditures.
2. Guidelines for expenditure of the Social Services Fund are as follows:
  - A. Assisting families with various expenses related to their essential basic needs and to enable their attendance at the CRS clinic appointments such as, but not limited to:
    1. Transportation,
    2. Gas Vouchers,
    3. Lodging,
    4. Meals,
    5. Clothes/Shoes,
    6. Diapers/Pull Up Pants,
    7. Medication,
    8. Special Formula/Food Supplements,
    9. Feeding Equipment,
    10. DME Loan Chest/Repairs,
    11. Adaptive Car Seats/Belting System,
    12. Utilities,
    13. Rent,
    14. Home Health Needs,
    15. Hearing Aid Insurance, and
    16. Other.
  - B. Funds obtained from sources other than the state, i.e. community social service agencies, insurance, donations, etc., should be utilized first in covering authorized Social Service expenditures.
  - C. It is recommended that this fund be administered through the social services area of the Children's Rehabilitative Services Clinics.

#### **40.510 Pediatric to Adult Transition Services**

CRS Regional Contractors shall provide Pediatric to Adult Transition Services to:

1. Enhance the smooth transition of care when a member leaves the CRS program.
2. Transition Services include:

- A. Initiating a transition plan by age fourteen (14) which is ongoing until the member exits from the CRS program;
- B. Assuring coordination with an adult primary care physician prior to member's exit from the CRS program;
- C. Ensuring that families, member and their primary care providers are part of the development and implementation of the transition plan; and
- D. Documenting the transition plan in the medical record.

#### **40.511 Social Work Services**

- 1. Social work services include: information and referral; support and counseling; screening and assessment; and documentation and coordination of services.
  - A. CRS Regional Contractors shall provide social work services for all CRS members and their families during the member's hospitalization, including coordination of the member's hospital discharge plan.
  - B. CRS Regional Contractors shall provide social work services in the outpatient clinic for CRS members and families.
  - C. CRS Regional Contractors may provide at least one social worker to attend specified multi-specialty, interdisciplinary clinics.

#### **40.512 State Parent Action Council (SPAC)**

- 1. The CRS Statewide Parent Action Council is established consisting of the following members:
  - A. Two parents are appointed by each of the four regional Parent Action Councils. These members shall elect two members who are appointed to Co-Chair the Statewide Council.
  - B. One representative from an advocacy group who is appointed by the Co-Chairs of the Statewide Council.
  - C. One staff member from each CRS Regional Contractor who is appointed by the CRS Regional Contractor's Administrator.
  - D. One representative from CRSA who is appointed by the ADHS/OCSHCN/CRSA Office Chief.
  - E. Members of the SPAC shall serve terms of one to three years, method for term commencement shall be determined by the members.
  - F. Officers shall serve one to three year terms, method for the members shall determine term commencement.
  - G. The SPAC shall elect the following officers; a chairperson, treasurer, co-chairperson(s), a secretary, and may include any other officers at the discretion of the SPAC.
- 2. Members appointed pursuant to 40.509.1, paragraph B, C, and D of the

above section are non-voting members and are not counted for the purpose of determining the presence of a quorum.

3. The State Parent Action Council (SPAC) shall:
  - A. Participate in any process that changes the laws, rules, policies, or procedures that influence the delivery of CRS services to children and families.
  - B. Participate in any process regarding the planning and delivery of CRS services.
  - C. Promote parent involvement in treatment planning, advocacy, and member care.
  - D. Participate with CRSA in the ongoing definition of parent-member rights and responsibilities.
  - E. Require one parent council member from each CRS Regional Contractor to participate in the Administrator's meetings between CRSA and the CRS Regional Contractors.
  - F. Require one parent council member from each CRS Regional Contractor to participate in the Medical Director/Administrator's meetings between CRSA and the CRS Regional Contractors.
  - G. Participate in the development and distribution of the Parent Involvement/PAC Fund.
  - H. Meet bi-annually at a minimum, or more often as determined by the membership. Members shall determine meeting places and times.
4. The Co-Chairs shall annually meet with the CRSA Medical Director to exchange ideas regarding the delivery of services to children and families.
5. A Regional Parent Action Council is established at each of the CRS Regional Contractor sites.
6. Council members are not eligible to receive compensation, but are eligible for reimbursement of expenses.

#### **40.513 Translation and Interpreter Services**

CRS Regional Contractors shall provide free translation and interpreter services to ensure that all CRS members and their families understand the member's diagnosis and course of recommended treatment in a culturally sensitive manner.

1. All vital materials shall be translated when CRS Regional Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of its members who also have Limited English Proficiency (LEP) in that language. Vital materials must include, at a minimum, notices of actions, member handbooks, and consent forms.
2. All written notices informing members of their right to interpretation and translation services in a language shall be translated when a CRS Regional Contractor is aware that 1,000 or 5% (whichever is less) of its members speak that language and have LEP.
3. All materials shall be translated when a CRS Regional Contractor is aware

- that a language is spoken by 3,000 or 10% (whichever is less) of its members who have LEP in that language.
4. Every effort shall be made to ensure that all material prepared for distribution is written at the fourth grade level.
  5. Written material shall be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited, have limited reading proficiency, or require sign language.
  6. Individuals providing interpreter services to members/families must have an awareness and sensitivity to the culture and socio-economic background of the population in CRS and shall be fluent in the required language and understand medical terminology. Posted signage advising members of the availability, at no cost, of interpreter services is required.
  7. Regional Contractors shall document in the member's medical records the member's preferred language during the enrollment/intake process. When interpretative services are provided they are to be documented in the member's medical chart.
  8. CRS Regional Contractors shall ensure staff/volunteers attend education sessions and maintain agenda and sign-in sheets of education on:
    - A. Awareness and sensitivity to culture
    - B. Socioeconomic conditions of the CRS population
  9. CRS Regional Contractors must ensure staff/volunteers providing translation/interpreter services are effective in assisting the family in participating, planning and decision making for medical care.

## **40.700 Services Provided Outside the State of Arizona**

Services provided outside the state of Arizona are covered for CRS members when all of the following are verified:

1. The out-of-state services are related to a CRS condition;
2. The medical specialty, treatment, or procedure is not available in Arizona;
3. Two CRS physicians of the appropriate medical specialty recommend out-of-state treatment;
4. The treatment is considered to be lifesaving and will result in significant functional improvement based on favorable data published in peer reviewed national medical literature;
5. Prior authorization is obtained from the CRS Regional Medical Director and Administrator;
6. The procedures for obtaining out-of-state services are as follows:
  - A. The member's sub-specialist in the specialty for which the out-of-state service is needed must initiate the out-of-state service request which must include the following:
    - 1) The specific treatment requested;
    - 2) Documentation of the fact that the requested procedure is not available in Arizona and that the treatment is lifesaving

- or will result in significant functional improvement for the member; and
- 3) The names of specific physicians and hospitals that have the necessary expertise to perform the procedure and must provide documentation of such expertise along with correspondence indicating the providers' willingness to perform the procedure for the member.
- B. The member's sub-specialist requesting physician shall send the treatment request to the appropriate CRS Regional Medical Director.
- 1) The appropriate region to send an out-of-state treatment request is the CRS Contractor where the requested type of treatment would ordinarily take place for the member under current CRS policy. This site is responsible for coordination of arrangements for out-of-state care, and paying for that care.
  - 2) Before approving or denying a request, the CRS Regional Medical Director must request a consultation from a sub-specialist in the same specialty area as the requesting physician, but from another CRS Contractor, to review the request.
  - 3) The CRS Regional Medical Director has the authority and responsibility to approve or deny the request based on:
    - a) Member's eligibility status.
    - b) Whether or not requested procedure is a covered service.
    - c) Adequacy of documentation submitted with the request.
- C. If the CRS Regional Medical Director denies the request, he/she must notify the requesting physician of the denial and must include the grievance process (see Chapter 80.000).
- D. If the CRS Regional Medical Director approves the request, he/she forwards the request to the CRS Regional Administrator.
- 1) The CRS Regional Administrator is responsible for negotiating the arrangements and payment rates with the out-of-state providers.
  - 2) A member shall comply with the payment responsibility provisions of Chapter 30.000 and R9-7-207 for covered services received from out-of-state providers.
  - 3) Travel expenses and lodging are not covered.
  - 4) The out-of-state treatment site must provide a discharge summary for the member.
  - 5) Upon receipt of the required documentation, the CRS Regional Administrator will authorize payment to the out-

of-state providers.

- E. The Regional Medical Director is responsible for:
  - 1) Care coordination with the out-of state provider
  - 2) Follow-up care for the member upon return to Arizona.

## **40.800 Telehealth**

The purpose of Telehealth is to serve families by providing clinical and therapeutic services by means of Telehealth technology. This technology is used to deliver care services directly to the member and for the enhancement of communication, network development, and educational opportunities for members, member's families, CRS Regional Contractor staff, and providers.

Telehealth services may include the following:

- 1. Regional outreach clinics;
- 2. Physician consultation;
- 3. Other professional consultation;
- 4. Family and professional education; and
- 5. Videoconferences and meetings.

## **40.900 Transfers and Transportation**

The following sections describe the policies that relate to transferring care of a CRS member from one Regional Contractor to another and to transporting CRS members within the CRS system.

### **40.901 Transfer of Care**

The CRS Regional Contractors shall coordinate the care for members.

- 1. Hospital Transfers
  - A CRS hospital transfer shall be covered for a member only if all of the following conditions are met:
    - A. The transfer occurs between CRS contracted facilities;
    - B. The transfer is for treatment of a CRS condition; and
    - C. The transfer is prior authorized by the CRS Regional Medical Director.
- 2. Home site transfers
  - A. CRS assigns each member to a home site (a CRS Regional Contractor) based on the zip code of the member's residence. It is recognized that services outside the home site may be necessary for various reasons. The following outlines the criteria for partial and total transfers of care to other CRS Regional Contractors. It also delineates the CRS Regional Contractor's responsibilities for ensuring successful transfers:
    - 1) Criteria
      - a) The home site contractor shall make every effort to

- meet a member's needs at its own site.
  - b) When tertiary or other specialized care needed by a member is not available in the member's home region, the member is transferred to a region that can provide the care.
  - c) Transfers of care may occur even when services are available at the home site, for the following reasons:
    - i. Member or parent choice;
    - ii. Extenuating circumstances such as special family situations and transportation issues;
    - iii. A permanent change of residence to another CRS Regional Contractor's zip code; or
    - iv. Placement in a residential school outside the member's home region.
  - d) A total transfer of care, defined as a transfer of 100% of services to another CRS Regional Contractor, shall occur only when a decision is made that the member is not likely to require any care from the original CRS Regional Contractor in the future.
  - e) A partial transfer of care, defined as a transfer of less than 100% of the care, shall occur when services are being provided at two or more sites (CRS Regional Contractors) on an ongoing basis. A partial transfer is also performed when all existing services are transferred to another site, but there remains a potential for services to be provided by the home site at a future date.
- 2) Responsibilities
- a) The home site shall generate the transfer request, and shall send medical and payment responsibility documentation to the receiving/requested CRS Regional Contractor explaining the reason for the transfer.
  - b) Each CRS Regional Contractor shall establish procedures for processing requests for transfer. Such procedures must ensure that members are transferred only after a thorough review of the circumstances has been performed. The procedures should include family and physician conferences when necessary.
  - c) The transferring site shall be responsible for providing documentation to the parent and family.
  - d) Total transfers:

- i. In the case of a total transfer, all medical records shall be transferred to the new home site by the initial home site.
    - ii. A CRS financial file at the referral site should be developed for total transfers. The home site shall send a copy of the most recent CRS Financial application, CRS Payment Agreement, any insurance information, and signed Arizona Affidavit of Residency to the receiving site.
    - iii. Updated member files shall be sent to the CRSA Data System Coordinator.
  - e) Partial transfers:
    - i. In the case of a partial transfer, all appropriate medical records and payment responsibility information shall accompany the patient to the accepting site. The home site shall be responsible for providing the records.
    - ii. In a partial transfer, the member shall be registered at both sites.
  - f) The home site shall generate a transfer of care, explaining the reason for the transfer and all other pertinent information.
  - g) The receiving site must acknowledge acceptance of the member or identify the reason for non-acceptance.
  - h) Subject to availability, home care, equipment, therapy, and other follow-up shall be the responsibility of the home site when a transfer is completed in a timely and appropriate manner.
- 3) CRSA shall adjudicate disputes regarding transfer of care among CRS Regional Contractors when the parties are unable to resolve the dispute.

## 40.902 Transportation Services

Transportation services are provided between CRS-contracted hospitals or facilities and must be prior authorized by the CRS Regional Medical Director or designee. Transportation to clinic appointments is excluded. Medically necessary non-emergency transportation for an AHCCCS/KidsCare member must be coordinated with the member's AHCCCS health plan/program contractor. For members having private insurance, the non-emergency transportation should be coordinated through the insurance carrier if the transportation is a covered benefit.